## Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Pro se Notices of Participation Page 1 of 106

Participant must provide all of the information below in English:

1. Participant's c if any:	ontact information	on, including email address	, and that o	of its	counse	el,
Participant's Name:		J. Jimenez				
Participant's Address:	He 01	Box 11363	Carol	ina	PR	0098
Participant's Email Address:				V		
Name of Counsel:		No				
Address of Counsel:		NO				2
Email Address of Counsel:		NO	- 10 mg	7071	西	
2. Participant's C	laim number and	I the nature of Participant's	Claim:	SEP	DEIVE	-
Claim Number:		29425	発品を	Ç,	ED &	
Nature of Claim:  By:	Commu	29425 n wealth	225	5: 06		_
Signature	outpled for the					
Print Name	Jimener K	Barreto	,			
Title (if Participant is r 8/35 /30 31  Date		)				

1, mener Baneto

termination of the control of the co 6961-81500

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## 

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Adolfo Oytiz Pagán
Participant's Address: alartado 2424 San Herman, P.R. 06683
Participant's Email Address: adolf d. Ortiz Eupr. edu
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim:
By: Colo Orthogan Signature
Adolfo Oytiz Pagan Print Name
Title (if Participant is not an individual)
Seffember 2, 2021 Date

RECEIVED & FILED

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OLERK'S OFFICE S.DISTRICT COUR SAN JUAN, P.F. apartado ayau San Hermán P.R. OUU83

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To: United States District Court, Clark's Office 150 Ave. Carlos Chardon Ste. 150 San Juan P.R. 00918-1747

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Participant must provide all of the information below in English:

1. Participant's of	contact information, including email address, and	that of its counsel,
if any:		
Participant's Name:	Jacob Rivera Concepcion	21 SPP
Participant's Address:	Urb. Machrell-79-calk Jose' De Die	go, Dovado PR
Participant's Email Address:	Curlugo @g mail com	
Name of Counsel:	- h/A	2 2 4
Address of Counsel:	n/A	
Email Address of Counsel:	n/A	9
2. Participant's	Claim number and the nature of Participant's Cla	im:
Claim Number:	109 125	
Nature of Claim:	Department of Education- Pal	lic Employee
By: Jawl Drue	i Concepeun	
Signature		approximately and the second
Jacob River	a Concepción	
Print Name		
Title (if Participant is	s not an individual)	
Sept 6/2021		

rb. Nartorell F-9

Walle José De Diego

Oraclo, PR

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SAN JUAN. PR

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sited States District Court
Lerk's Office
Son Ave-Carlos Chardon Ste. 150
San Juan, PR.
00918-1767



## Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc: Pro se Notices of Participation Page 7 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Jacob Rivera Concepción
Participant's Address:	Unb. Har fore/1-79 calle Jose De Diego, Dorado PR.
Participant's Email Address:	
Name of Counsel:	$\frac{\lambda}{\rho}$
Address of Counsel:	2/4
Email Address of Counsel:	71/14
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	110723
Nature of Claim:	Department of Education - Public Empryce
By: Jank Van Signature	Concepeos
Jacob Rivera Print Name	Concepcion
Title (if Participant is	s not an individual)
Sept 6/20.	5/
Daté /	

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Inited States District Court Clerk's Office 150 Ave. Carlos Chardon Ste. 150 San Juan, PR. 00918-1767



Participant must provide all of the information below in English:

if any:	contact information, including email address, and that of its counsel.
Participant's Name:	Robento Rivena Velezas PH 5:03
Participant's Address:	HC-01 Box 3908 Horniguenos P.N. 100660
Participant's Email Address:	rivena velez robento @ g mail com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	
Nature of Claim: By: White Wash	My Pension was reduced About 8% years ago by Local government.
Signature	
Robento Mive	na Velez
Print Name	
Tide (if Dead in a di	
Title (if Participant is	not an individual)
Sept. 03,	202
Date	

Hormiguenos, P. 22 00660

2021 SEP 15 CLERK'S OFFICE U.S. DISTRICT COURS SAN JUAN, P.R.

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SAN JUAN, P.D. 06918-1767

150 Ave. Canlos Chandon Ste. 150

DISTRICT COURT

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### Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 11 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, 1. if any: Participant's Name: Participant's Address: crmn Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual)

Dorado, PR 00646-1669 Apartado 1669 RECEIVED & FILED 2021 SEP PM 5: 03 15 CLLIK'S OFFICE DISTRICT COUR SAN JUAN, PE

> Clerk's Office 150 Ave. Carlos Chardon Ste.150 Court's Clerk's Office United States Distric Court,

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### Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 13 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	SEP 15 LED
Participant's Name:	Monserrate Quinones Blaise 5: 25
Participant's Address:	Mandez Vigo # 324 Dorado P. (x. 00
Participant's Email Address:	
Name of Counsel:	<u>Visite i e i i i i e e e e e e e e e e e e </u>
Address of Counsel:	
Email Address of Counsel:	
<ul><li>2. Participant's C</li><li>Claim Number:</li><li>Nature of Claim:</li></ul>	Claim number and the nature of Participant's Claim:  17 BR 3283-LTS
By: Mouseure Grint Name	leinner Deinones Bloise
Title (if Participant is Orgooto) Date	not an individual)

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Court's Clerk's Office United States Distric Court,

Clerk's Office 150 Ave. Carlos Chardon Ste.150 San Juan, 00918-1767

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# Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc: Pro se Notices of Participation Page 15 of 106

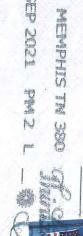
	Participant mu	ast provide all of the information below in English:
1.	Participant's of if any:	contact information, including email address, and that of its counsel, 2021 SEP 15 PM 5: 03
Participant's l	Name:	Milsa Mercado Santosio
Participant's		La Providencia Calle Lempira #263
Participant's l	Email Address:	nilsamerrado 20652000 agmail.com
Name of Cou	nsel:	
Address of Co	ounsel:	
Email Addres	ss of Counsel:	
2.	Participant's	Claim number and the nature of Participant's Claim:
Claim Numbe	er:	19BK 3283-LTS
Nature of Cla	im:	Commonwealth of PR - Promesa 111 -
By: Signal	b Ducal ture	o kuts
Print I		do Suntis
Title (	(if Participant is	not an individual)
Date	9/2/209	
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Calle Law Flas # 3638

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### Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Pro se Notices of Participation Page 17 of 106

Participant must provide all of the information below in English:

	NECES
<ol> <li>Participant if any:</li> </ol>	's contact information, including email address, and that of its counsel,
Participant's Name:	Ventura ORtize Ruperto
Participant's Address:	HC-7 Box 7/601, Son Sebostran PR 00685
Participant's Email Addre	ss: oxfizzupertoventura@gmail.com
Name of Counsel:	
Address of Counsel:	.a
Email Address of Counsel	:
2. Participant	's Claim number and the nature of Participant's Claim:
Claim Number:	170153-1
Nature of Claim:	Debts Claimed Deport ment or Agriculture
By: Signature	Rupel
Ventura ( Print Name	Det. 2 Ruperto
	t is not an individual)
$\frac{9/3}{\text{Date}}$	21
Daile	

VENTURA ORTIZ RUBERTO HC 7 BOX 71601 SAN SEBASTIAN, PR 00685

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CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, P.A.

00910-170625

NOTICE TO THE COURT'S CLERK'S OFFICE AT: UNITED STATE DISTRICT COURT, CLERK'S

OFFICE 150 AVE . CARLOS CHARDON STE. 150, SAN JUAN, PR 00918-1767



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Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc: Pro se Notices of Participation Page 19 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	PH Second	
Participant's Name:	Norma I Chevas Gonzalez	
Participant's Address:	Arb. Vista Del Rio II, House # Q16, P.O. Box 665, Avisso,	P.R.00 610
Participant's Email Addres	s: cuevas norma 77a yohoo. com	
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's	s Claim number and the nature of Participant's Claim:	
Claim Number:	156362	
Nature of Claim:	Public Employee and Pension/Retire Claims	
By: Manuallus Signature	uns straits	
Novmo I G	evas González	
Title (if Participant	is not an individual)	
Angust 24	2021	



### Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 21 of 106

Participant must provide all of the information below in English:

if any:
if any:  Participant's Name:  Sandra C. Rivera Berry SEP. THE DE FILL OF THE DESTRUCTION OF THE PARTICIPANT'S Name:
Participant's Address: PO BOX 1848, Coamo, PR, 00769:
Participant's Email Address: Sandrarivera berly@gmail. Comsi Comsi
Name of Counsel: No Counsel
Address of Counsel: No Counsel
Email Address of Counsel: No Consel
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 60077
Nature of Claim: Public em ployee claim
By: Jandra Rever Berly Signature
Sandra Co Rivera Borly
Print Name
Title (if Participant is not an individual)
August 5, 2021
Date August 5, 2021
Instructions for Filing Notice of Participation. If you are represented by counsel this Notice

B481 848 15 PM 5: 03 U.S. DISTRICT COUR SAN JUAN. PR R 00769 San Juan, PR 00 918 - 1767 00918-170625 6 SEP 2021 PM 1 յլիոլիեկի Արևայի Արևայի հայտեղիի այ STATISTA WOO STATEDA

### Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 23 of 106

Participant must provide all of the information below in English:

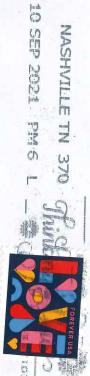
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Participant's contact information including email address, and that of its counsel.

if any:	201 SED & FILED
Participant's Name:	Candida R. Reman Rossa
Participant's Address:	T-1416 Calle T Urb Alturas lega Baja, P.R. so693
Participant's Email Address:	- CAM, P. K
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	116190
Nature of Claim:	Employees Refirement System of NR. Gob. Title It del
By: <u>Candidak k</u> Signature	manxosa
<u>Candida R- Ro</u> Print Name	man Rosa
Finit Name	
Title (if Participant is	s not an individual)
September 9	7, 2021

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Jan Juan, P.R. 00918-1767



# Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc: Pro se Notices of Participation Page 25 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:			t t IL Em	
Participant's Name:	I sage Mer	cado Ric	deray	
Participant's Address:	Majager DR 0068	or U.S Carri	tonio Torres, Abbl	ado Rosario,
Participant's Email Address:	_	No ne	<i>k</i>	Germ
Name of Counsel:		NA	Contract of the	
Address of Counsel:		NA		
Email Address of Counsel:		NA		2 200
2. Participant's (	Claim number and the na	ature of Participant	a's Claim:	
Claim Number:	17.032	.83		
Nature of Claim:	Maestro del	Departament	de Elicac	con-Refira
By: Your head	20 Rowna Teach	er's ,		
Signature	ado Rivera			
Haac Merc Print Name	ado 121 vera			
Title (if Participant is	not an individual)			
September, 1	2021			
Date!				



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counse if any:	:1,
Participant's Name: Kuysdael Davilg Rodriguez	El .
Participant's Address: Ueb Tiens Santa B-8, Villalby, P.R. 0076	1
Participant's Email Address: Yuysdaeldavila 1 @ gmailcom	_
Name of Counsel:	_
Address of Counsel:	_
Email Address of Counsel:	_
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 164202	
Nature of Claim: Public Employees Persion/Refive Clair	25
Signature Ruyadael Davila Rodvigues	
Print Name	
the section of the se	
Title (if Participant is not an individual)	
7-SEPT-7021	
Date	

Urb. Tierra Santa B - 8 Villalba, Puerto Rico 00766 787-484-6010 RUYSDAEL DAVILA RECEIVED & FILED 2021 SEP 15 PM 5: 04 U.S.DISTRICT COUR SAN JUAN. S.F.

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Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc SRF 55923 Pro se Notices of Participation Page 29 of 106

Participant must provide all of the information below in English:

Participant's contact information including amail address, and that of its

if any:
Participant's Name: Coumen W. Zaegus Sotomago!
Participant's Address: Club Tierra Santa B-8 Villelby, P.R.00760
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 117960
Nature of Claim: /wblic Employee & Versial Letive Claims
By: <u>Carmen M. Zayas Satamayor</u> Signature
Ouvmen W. Jayas Sofomayor  Print Name  Ouvmen W. Jayas Sofomayor
Title (if Participant is not an individual)
Date

229071-81600 

Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc SRF 55923 Pro se Notices of Participation Page 31 of 106

Participant must provide all of the information below in English:

once PR 60730-4424 Calle Jan Rogalio ERUSITA 5530 2021 SEP 15 PH 5: 04

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150 PR 00918-1767

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Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Pro se Notices of Participation Page 33 of 106

SRF 55923

Participant must provide all of the information below in English:

1. Participant's c if any:	ontact information, including email address, and that of its counsel,
Participant's Name:	Maribel Alvarado Colón
Participant's Address:	HC-73 Box 5627 Cayey, P. R00736
Participant's Email Address:	alvarado-colon-maribel@ hotmail.com
Name of Counsel:	
Address of Counsel:	S. DE SE
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	D171640 @ 89531 @ 102710
Nature of Claim: Rum	entas aprovados y No otorgados: El Romera
By: Manual alwayada Signature	Colox Ley 66, 3% aumento retiro.
Maribel All Print Name	a rade Colon
Time Name	
Title (if Participant is n	oot an individual)
7 septiem	bre 2021

Maribel Alvarado Colom

HC-73 Box 5627

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MESTOFFICE

J.S. DISTRICT COURT

SAN JUAN, PR

LEPK'S OFFICE

SAN JUAN, PR

2227-0162

Clerk's Office, 150 Ave. Carlos Chardon Lourt's Clerk's United States District and Ste. 150, San Juan, P. R 00918-1767



# Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc: Pro se Notices of Participation Page 35 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	il ai			
Participant's Name:	Alicia Olive			_
Participant's Address:	243 Calle K	aris PMB 12	66 Sanguart	P. 80
Participant's Email Address:	Ovo 5950 2	gmail. com	/	
Name of Counsel:		0		<u></u> 2
Address of Counsel:				11
Email Address of Counsel:		en de la companya de		
2. Participant's C Claim Number: Nature of Claim:		nature of Participant's		~unit
By: Signature  Alicia Oliver  Print Name	Calderon		SEP 15 PH St. O	
Title (if Participant is a	not an individual)			
Date 8 septremb	bre 2021			

Micia Oliver Calderon

San Juan, P.R. 10917-3632

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United States Bistrict lourt, Clark Office 150 Ave. Carlos Chardon Ste. 150 San Juan, P.R. 00918-1767



#### Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 37 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	HectoR J. Rou'z LAMOURTO
Participant's Address:	URB Isadines de Guatemale Callos casa 6- 50- 3ebostina PR. 20685
Participant's Email Address:	Contabolidadelasea @yohoo. com = ===
Name of Counsel:	THE ST IT
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	172470
Nature of Claim:	Claimed Rebts Depostment of Agriculture,
By: Abeloon J. Que	Resambles
Signature	
Hechoe I 2	
SelfAelli (o~ Title (if Participant is	
9/1/2021 Date	

HECTOR J RUIZ LAMOURT
URB JARDINES DE GUATEMALA
CALLE 5 CASA G-9
SAN SEBASTIAN, PR 00685

SAN SEBASTIAN, PR 00685

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NOTICE TO THE COURT'S CLERK'S OFFICE AT: UNITED STATE DISTRICT COURT, CLERK'S OFFICE OFFICE
150 AVE . CARLOS CHARDON STE. 150, SAN JUAN, PR 00918-1767



Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 39 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if ally.	
Participant's Name: Norma I.	Cuevas Gunzalez
	RIO 11, P.D. BOX 665, AMSON P.R. 0061
Participant's Email Address: Cuevasnav	na 77 a yahoo. com
Name of Counsel:	
Address of Counsel:	SAS SE
Email Address of Counsel:	200 S
2. Participant's Claim number and th	ne nature of Participant's Claim;
Claim Number:	7620 20
Nature of Claim: Public 5	mployee and Pension/Betree Claims
By: Mermal Guevas Amale Signature	
Norma T. Gevas Gunzalez Print Name	
Title (if Participant is not an individual)	
August 24 2021	
Date 0	· ·

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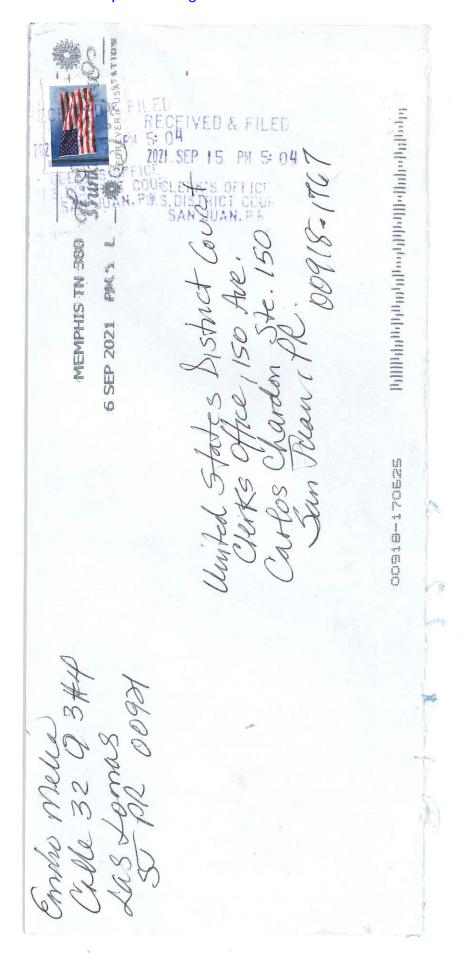
#### Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 41 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	* 4 * * * * * * * * * * * * * * * * * *	1.1	
Participant's Name:	Emilio Meha & Unb Las Lomas	Kodnguer	
Participant's Address:	Ubb. Las Lomas	Calle 32	2 9 3 # 4 7
Participant's Email Address:		* G	SEP I
Name of Counsel:		- A A	50 S S
Address of Counsel:	0	·	- 25 - E
Email Address of Counsel:			2 0
2. Participant's C	Claim number and the nature	e of Participant's C	Claim:
Claim Number:	17 BK 3283-1	LTS	
Title (if Participant is 8/27/	2021		
Instructions for Filing Noti	ice of Participation: If you	are represented by	counsel, this Notice



Participant must provide all of the information below in English:

	1. Participant's contact information, including email address, and that of its counsel,
	if any:
	Participant's Name: Damaris Miranda Valentin
	Participant's Address: 7107 Tripoli Way, Orlando, 71, 32822.
	Participant's Email Address: darymiranda Whotmail.com
	Name of Counsel:
	Address of Counsel:
	Email Address of Counsel: NO
	2. Participant's Claim number and the nature of Participant's Claim:
	Claim Number: 70860 (No. 17 BK 3283-LTS)
	Nature of Claim: Public Employee s Rensian / Retirce of Elnews;
	By: Danie Miranda Valentin If I have the rights, of p. R
	Damaris Miranda Valentin
	Print Name
7	Title (if Participant is not an individual)
	Title (II Farticipant is not all individual)
	09/10/2021
	Date

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U.S.OVSTRICT COURT SAN JUAN. PR Orlando, 71,32222

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## Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc: Pro se Notices of Participation Page 45 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Callebrais Munoz Marin, Ouebrookilas PR Participant's Address: Participant's Email Address: Omaya 03470 Equail.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 12273 Claim Number: Nature of Claim: By: Signature Title (if Participant is not an individual)

Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57
Pro se Notices of Participation Page 46 of 106 Desc:

Jehnis Mumoz Marin P.R. 00678 OLEEK'S OFFICE U.S.DISTRICT COUR SAN JUAN. P.R

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### Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 47 of 106

Participant must provide all of the information below in English:

1.	Participant's of if any:	contact information, including email address, and that of its counsel,
Participant's l	Name:	Esteranzo Hernandez Maldonado
Participant's A	Address:	Hcol Box 3843 Ma una bo, P.C. 00707
Participant's I	Email Address:	her Nanesperan 54 Ogmail-com
Name of Cour	isel:	
Address of Co	unsel:	
Email Address	of Counsel:	
2.	Participant's C	laim number and the nature of Participant's Claim:
Claim Number		123485
Nature of Clair	n:	193485
By: Signatur		ing mellonals
Espa Print Na	Branzo A	Pervardez Maldonado
0	Participant is no	ot an individual)
Date		

Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc: Pro se Notices of Participation Page 48 of 106

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Lo. United states Ristrict court clearly office 1500 and Carlos Charlon ste. 1. 1500 and Juan P. R. 20918 - 1769

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ricardo Cruz Torres
Participant's Address: P.O. Box 354 Tallaboa Alta Sector la Moca Carretere 520 KM 1.5 Peruelas, P.R. 00624
Participant's Email Address: v Cruz _14@ yahoo. Con
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 79 581
Nature of Claim: Romeraso
By: Riende Gy Tones Signature
Ricardo Cruz Torres Print Name
Title (if Participant is not an individual)  September 7, 2021
Date

P.O. Box 354 Penvels, P.R. 00624 San Juan, P.R. 00918-1767 00918-170825 Chardon Ste. 150 記し 中野 の というな mallenellelentehephynillephyndallandeh FOREVER / USA

#### Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Pro se Notices of Participation Page 51 of 106

Participant must provide all of the information below in English:

<ol> <li>Participant's of any:</li> </ol>	contact information, including email address, and that of its counsel,
Participant's Name:	Brenda Liz Garcia Rviz
Participant's Address:	P.O. Box 1193 Sabara Seca P.R. 00952-1193
Participant's Email Address:	lizruiz Ir 115@gmail.com
Name of Counsel:	Ci .
Address of Counsel:	
Email Address of Counsel:	The second contract of
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	78523
Nature of Claim:	PROMESA Title III (Empleados Sistema Reting)
By: Grende Janes	
Signature	<u> </u>
Signature	arcía Ruiz
Signature Brenda Liz G	arcia Rviz
Signature Brenda Liz G	
Brenda Liz G Print Name	

Brenda RECEIVED & FILED Garcia Rviz GLICK'S STRICE 23.DISTRICE COUR SAN JUAN, P.R. United States District Court 150 Ave. Carlos Chardon

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San Juan, P.R. 00918-1767

Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 53 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii aiiy.				
Participant's Name:	Maria	5. Morale.	s Valentin	เรา กโ
Participant's Address:			414 Clebarr	ne To
Participant's Email Address:		in the second se		1 SE
Name of Counsel:	<u>ubmou</u>			S GT
Address of Counsel:			20	ī I
Email Address of Counsel:		- GUIVAL	363 f	9
2. Participant's C	laim number and	the nature of Particip	pant's Claim:	
Claim Number:		t 3583-L		
Nature of Claim:	Prome	sa Title	TITON AND THE	
By: Marie 4. Signature	Marales,	Valentin	oms in 19e Fran Dopos 1, and can will also be ugust 15, 2021, hus o	
Print Name		. Walentin		
THE VIEW CONTRACTOR OF THE PROPERTY OF THE PRO				
Title (if Participant is r	not an individual)			
00/36/31	251			
Date Date				

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Maria Ray 1325 County Road 414 Cleburne, TX 76031-8910

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Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Pro se Notices of Participation Page 55 of 106 SRF 55923

Participant must provide all of the information below in English:

1.

<ol> <li>Participant's c if any:</li> </ol>	ontact information, including email address, and that of its counsel,
Participant's Name:	Millred Ramos Rosa
Participant's Address:	21-41 34th Are. apt 4D LI.C. N.Y. 11106
Participant's Email Address:	mildred-ramos 2000 @ Yahoo - com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	REC
2. Participant's C	laim number and the nature of Participant's Claim.
Claim Number:	[6757 EES 55 A
Nature of Claim:	Retirement Department of Education
By: Milshed Rame Signature	or fore
Mildred Ram Print Name	105 Rosa
Title (if Participant is	not an individual)
Date	

CLERK'S OFFICE S. DISTRICT COUR-SAN JUAN. P. N.

P.R. 00918-1767

J CLB, NY, 11106

NEW YORK NY 100

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SRF 55923

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

ir any:	70
Participant's Name:	Maria E. Rivera-Martinez
Participant's Address:	43 Clay St. 1st Floor, New Baven CT. 06513
Participant's Email Address:	Juguery 77@ Jahoo. Com
Name of Counsel:	The state of the s
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	178 x 3283 - LTS
Nature of Claim:	Financial OversignT
By:	
Signature	
STATE OF STA	
Print Name	
individuo	
Title (if Participant is	s not an individual)
9.09.2	1202
Date	

New Hawers, CT. 06613 E. Rivera-Martinez

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San Juan, P. R. 00918-1767

50 Ave. Carlos Chardon Ste. 150

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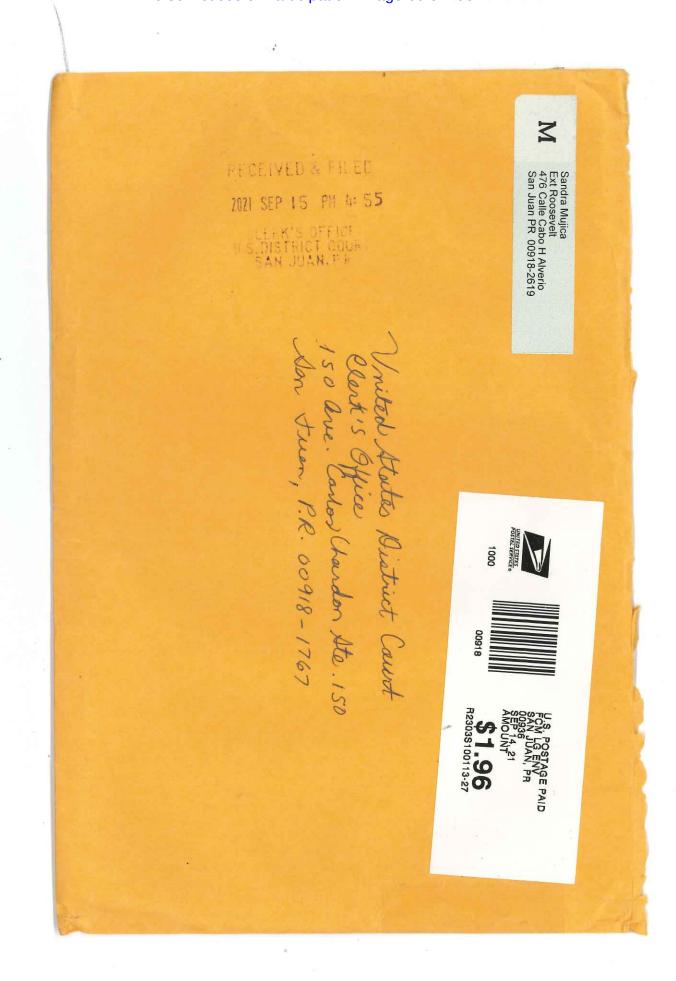


#### Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 59 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: SANDRA MUJICA BAKER Participant's Name: 476 Cabo H. alverio, SAN Juan PROO918 Participant's Address: Participant's Email Address: hugosandiamantine 2000 g yahoo. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Signature SAWDRA MUPICA BAKER Print Name Title (if Participant is not an individual)



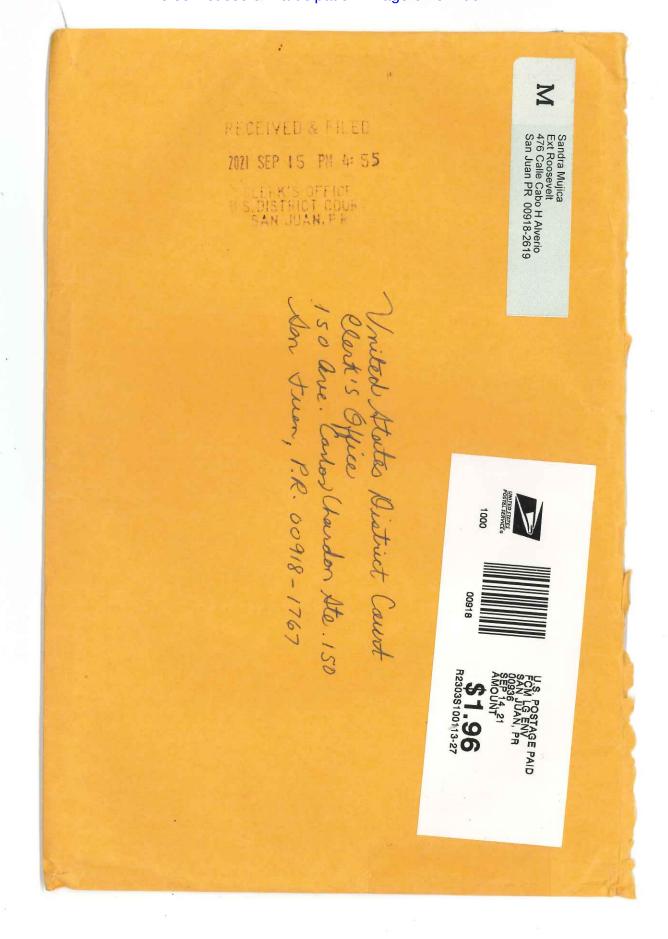
#### Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 61 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Sandra Muyea Baker / alexist. Martinez Mujica 476 Calle Cabo H. alverio, Don Tuan PR 009/8 Participant's Name: Participant's Address: Participant's Email Address: hugosandiamaitenezeooo o yakoo, com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 17-0K- 3283 - LTS Claim Number: BANKrupting Nature of Claim: Signature Alexic Martinez SANDRA MUJICA BAKER Print Name ALEXIS F. MARTINEZ MUJICA Title (if Participant is not an individual) 09/13/2021 Date



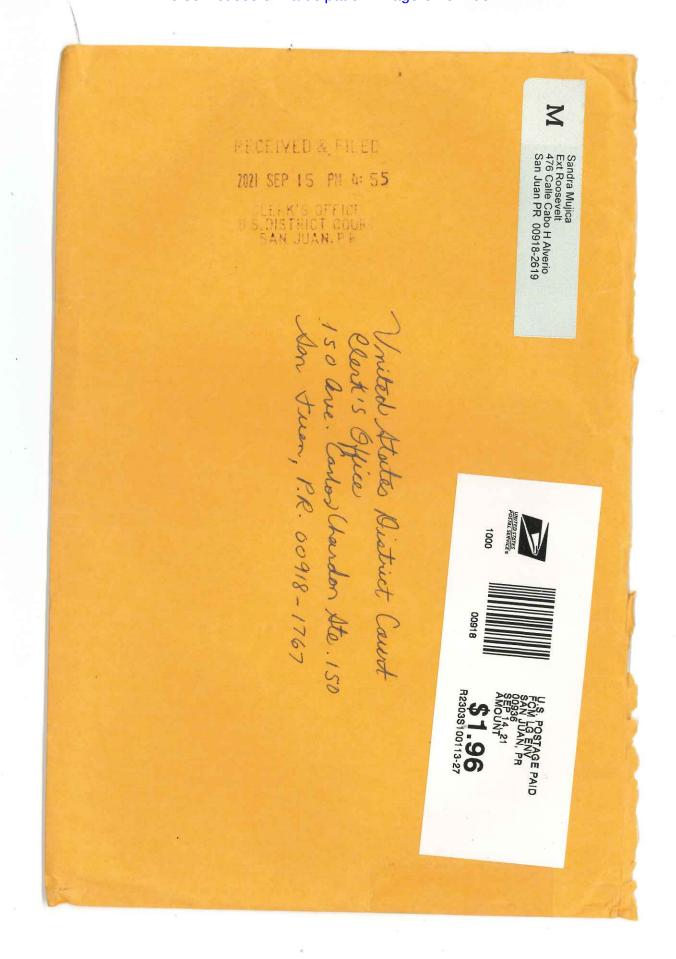
SRF 55335

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: ALEXIS FRANCIS MARTINEZ MUTICA Participant's Name: Participant's Address: 476, Calle Cabo H Alverio Son Juar P.R. 00918
Participant's Email Address: hugosandromatine 2000 @ yahoo. com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 17-BK-3283 - LTS Claim Number: do unante to the Plan Bennelbury Bul ALEXIS FRANCIS MARTINEZ MUJICA Print Name Title (if Participant is not an individual)



# Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc: Pro se Notices of Participation Page 65 of 106

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

11 any:
Participant's Name: Cruz Crespo Martinez
Participant's Address: P.O. Box 299 Rincon P.R. 0067
Participant's Email Address: Cruz_crespo_markner@hotmail. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 15024 145541
Nature of Claim: Public Employee Claims
By: Cruncies po Martin
Signature 0
Cryz Crespo Martinez
Print Name
Title (if Participant is not an individual)
September 13 2021
Date
Duto

Crespo Mar Prose Notices of Participation Page 66 of 106
P.D. Box 299
Rincon Puerto Rico

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United States District Court Clerk's Office 150 Ave. Carlos Chardon Ste 150 San Juan, Puerto Rico 00918-1767 Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 67 of 106

SRF 55923

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

P.O. Box 299 Rinuon P.R. 006

Participant's Email Address: Cruz crespo martinez Chotmail. Com

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

Public Employee Claims

By: Crespo Martinez

Print Name

Title (if Participant is not an individual)

September 13, 2021

Crespo Mar Prose Notices of Participation Page 68 of 106
P.D. Box 299
Rincon Puerto Rico

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U.S. FISHER COURT
SAN JULKA, P.

United States District Court Clerk's Office 150 Ave. Carlos Chardon Ste 150 San Juan, Puerto Rico 00918-1767

#### Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 69 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

Participant's Name: José A. Rosa	do Cresponie
Participant's Address: P.O. Box 290	1 Rincos P.R. 0067
Participant's Email Address:orc_or@hotlarl.	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature o	f Participant's Claim:
Claim Number:	
Nature of Claim: Rublic Employ  By: Signature	ree Claim
Print Name	
Title (if Participant is not an individual)  September 13, 2021  Date	

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

1.

if anv:

Jose A, Rose: 17-03283-LTS ppc#:18129-1 Filed: 09/16/21 Entered: 09/16/21 11:14:57
Pro se Notices of Participation Page 70 of 106

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SAM HIGHER F

United States District Court
Clerk's Office
150 Ave. Carlos Chardon Ste 150
San Juan, Puerto Rico
00918-1747

Participant must provide all of the information below in English:

if any:	nt's contact information, including email address, and that of its counsel,
Participant's Name:	Esteban Robles Rivera
Participant's Address:	Calle Santa Movta N-2 UV6-Star
Participant's Email Add	ress: Glory stom per 52 photon il com
Name of Counsel:	
Address of Counsel:	45 45 45 45 45 45 45 45 45 45 45 45 45 4
Email Address of Couns	el:
2. Participar	it's Claim number and the nature of Participant's Claim:
Claim Number:	178K3283-LTS
Claim Number: Nature of Claim:	178K3283-LTS
Nature of Claim:	Mer Neuce Rolles Nivera

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United States Distric Court

Clerk's office
150 Ave. Carlos Chardon Ste. 150

San Juan P.D. 00918-1767

### Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 73 of 106

Participant must provide all of the information below in English:

1. Participant's	contact information, in	cluding email add	ress, and tha	at of its cou	nsel,
if any:	4 5 N	111			
Participant's Name:	Angel L.	Rodrique		20/02	727
Participant's Address:	Hc 30 Box	32628 Sa	n Lorenz	opRo	0754
Participant's Email Address:	yagrumo 67	egmail.a	PEST	S 20	
Name of Counsel:	NO		ず景見	£ [7	7.751
Address of Counsel:	No	ž –	11 - 12 - 12 - 1	W D	
Email Address of Counsel:	NO				
2. Participant's	Claim number and the	nature of Participa	ant's Claim:		
Claim Number:	36456	,			
Nature of Claim:	Commonwe	alth of	Puerto	Rico	
By: Supply	400				
Signature	alde ad the the	page tirel secution			mmont
	driguez Gonzal	ez			
Print Name					
NO					
Title (if Participant is	not an individual)				
August, 2	6 2021				
Date					

to 30 box 32628 San went pr 00764

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United States District Court Maries Clark's Office Charles Charles States State

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Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 75 of 106

Participant must provide all of the information below in English:

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Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc SRF 55923 Pro se Notices of Participation Page 77 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

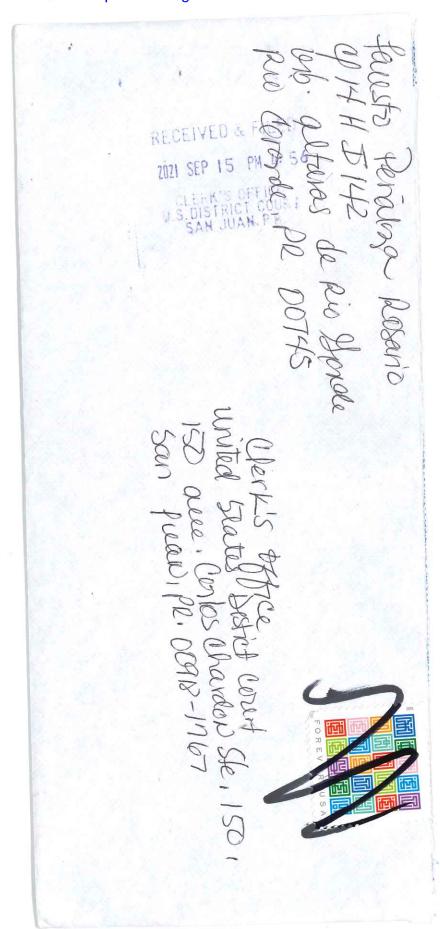
if any: calle Pedro Díaz 14 uro. Fernándes Cidra, P. R. 00739 Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: EMPLOYEES RETIREMENT SYSTEM OF THE GOVERMENT OF THE COMMON WEALTHOF PURTORICO Nature of Claim: By: Promesa Title III Title (if Participant is not an individual) Date

00010-170025 P.R. 00918-1767 150 Owe, chardon Ste 150 AD DEL PRINCIPA CAN 

# Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc: Pro se Notices of Participation Page 79 of 106

Participant must provide all of the information below in English:

	contact information, including émail address, and that of its counsel,
if any:	V I D
Participant's Name:	Fausto leñaloga Rosario
Participant's Address:	CallE # 14-1-142
Participant's Email Address	: URRALTURARIO BRANDE PROOTUS
Name of Counsel:	ATR P
Address of Counsel:	Prime Claik LLC Brand Conteal State
Email Address of Counsel:	POBOT 4850 NEW YOIKNY 10163-48
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	
Nature of Claim:	
By: Mo 19 BK Signature	3-283-175
Print Name	
Title (if Participant i	s not an individual)
8/2/12	
Date	



### Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 81 of 106

Participant must provide all of the information below in English:

if any:	ontact information, including email address, and that of its counsel,
Participant's Name:	Isakel Roman Valentin
Participant's Address:	BOX 332 Anasco P.A. 00610
Participant's Email Address:	
Name of Counsel:	Department of Educacion
Address of Counsel:	
Email Address of Counsel:	Reclamación Pago Ley 89
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	144908
Nature of Claim:	Dato of Education
By: Signature	Roma Valortin
Tsabel Print Name	Romain Valentin
Title (if Participant is	not an individual)
Date de agos	0 2021



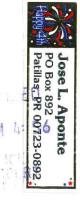
Discovery Notice to the court's Clerk's 50 Ave. Corlos Chardon Ste. 150 Society Van 00918-1767 States District court clerk's

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	José Luis Aponte Lopez
Participant's Address:	P.O Box 892 Patillas, P. R. 00973
Participant's Email Address:	maribelaponte 55 @gmail.com of &
Name of Counsel:	黄疸 星 三
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	No. 17 BK 3283-LTS
Nature of Claim:	Jointly Administered
By: Juste Dute	h_
Signature	COUNTRIES IN THE PURE LIBORATORS OUT YOU WILL BUT OF WHICH
Tose L. Apr	onte Lopez
Print Name	
Title (if Participant is	not an individual)
Sept/04	/2021



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### Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 85 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:		
Participant's Name:	PEDRO J BRACERO VELEZ	
Participant's Address:	P.O. Box 8943	
Participant's Email Address:	pibracero a hotmail. com	
Name of Counsel:		S- 10 ×
Address of Counsel:	A THE STATE OF THE	SE SE
Email Address of Counsel:		PRIOR IS
2. Participant's C	laim number and the nature of Participant's	s Claim:
Claim Number:	177815	55 E
Nature of Claim: LAW	89 - July 1 1979 # LAW 89-1 3	luly 11995 - PROMESA
By: New / Breeze	Vely	
Signature		
PEDRO J BRACO	20 VE/EZ	
Print Name	The state of the s	
Title (if Participant is a	not an individual)	
July 17 202	20	

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UNITED STATES DISTRICT C

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CARLOS

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Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Pro se Notices of Participation Page 87 of 106

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Nereida Torres Jimenery
Participant's Address: P.D. Box 1723 Juana D'az P.R. 00798
Participant's Email Address: percida towes 527 @ g mail. com
Name of Counsel: none
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No 17 BK 3283 - LTS
Nature of Claim:  The Commonwealth of Puerto Rico The Employees Retirement System of Puerto Rico Signature  Signature
Neverda Torrer Jimener Print Name
Employeer of Department Education of Puerto Rico Title (if Participant is not an individual)
Date

CLERK'S OFFICE U.S.DISTRICT COUR SAN JUAN, P. k. The state of the s

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:				
Participant's Name:	José	A. Mune	ra Torres	
Participant's Address:	P.O. Box	× 1723 Jus	ina Diaz P.	R. 00795
Participant's Email Address:	jmunera	223 e g mai	. com	ECE SE
Name of Counsel:	hone			YED YED
Address of Counsel:	none		38	2 8
Email Address of Counsel:	hon	e	7	e E
2. Participant's C	laim number a	and the nature of Pa	rticipant's Claim:	
Claim Number:	No. 1	7 BK 328		1.
Nature of Claim  By:	The comment of	ystem of Ruento	Rico Puesto	Rico The emp
Signature				
José A. Mune	era Torre	<u>r</u>		
Print Name	THE THROUGH	ant played as		0.
Employees o.	f Depart	ment Education	n of Puert	Rico
Title (if Participant is r	not an individu	ual)		
Date Date	2021	a the west and the		- P

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### Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 91 of 106

Participant must provide all of the information below in English:

1. Participant's confirmation if any:	ontact information, including email address, and that of its counse	l,
ii aiiy.		
Participant's Name:	Maria Lourde Delgado Mener	70
Participant's Address:	P.O. Box 486 Barrangaitas, PR	_C
Participant's Email Address:		-
Name of Counsel:		_
Address of Counsel:		
Email Address of Counsel:		<u>_</u> s
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	17 BK 3283-LTS	
Nature of Claim:	5010	
By: Maria Jourd	Delgab Horridg	
Signature		
Maria Lourd Print Name	les Delgado Henendez	
Title (if Participant is	not an individual)	
18 lagosta		
Date Date		

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### Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc Pro se Notices of Participation Page 93 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Maria L. Quiño res Cotto

Participant is not an individual)

Title (if Participant is not an individual)

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## Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Pro se Notices of Participation Page 95 of 106

Participant must provide all of the information below in English:

1.	Participant's co if any:	ontact information, in	cluding email addre	ess, and that of its counsel,
Participant's Na	ame:	Frism	Lopez 1	l'opez
Participant's Ac	ddress:	Palacios	del Escori	al 11-44
Participant's Er	nail Address: _	Icis - Agu	ada e y	hoo. rom &
Name of Couns	el:	U	Ŀ	15 E
Address of Cou	nsel:		×	A-10- P
Email Address of	of Counsel: _	1	T A U	The state of
2. P	articipant's Cla	im number and the n	ature of Participant	's Claim:
Claim Number:	2 To 4 . 12 . 1	MBK 3	3283 - 1	- 75
Nature of Claim		Dro Mesa	, Title	TIT
By: Signature	in M	3/2	Serviced to a	
Print Nan	SM. Lone	nez Lopez		
Title (if P	articipant is no	t an individual)		
Date	707	)		

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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RESPONSION CONTENTS

Clerks office Carts Clerks office Charten Steel States District Carts Clerks office Cartos, Charden Ste. 150 Ave. Carlos, Charden Ste. 150 Ave. Carlos, Charden Ste. 150 Ave. Carlos, Charden Ste. 150

MEMPHIS TW 380



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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

Scroz 3781 Cgmail com

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Samuel Croz Lastillo

Print Name

Title (if Participant is not an individual)

Septicular - 10 - 3624

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SAN JUAN PR. 10053

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	A GUSTIN LOPEZ Ortiz	-	
Participant's Address:	Urs sierra Linica 66-5 CAILEQ	<del></del>	2
Participant's Email Address:	VOCIKA & gray COM	<b>1 1 1 1</b>	78
Name of Counsel:	20	SEP SEP	Ĕ
Address of Counsel:	20	5 5	E .
Email Address of Counsel:			71
2. Participant's C	Claim number and the nature of Participant's Claim:	57	C)
Claim Number:	14052		
Nature of Claim:  By: Signature	EMPloyers RetireMent System of 125 The COMMON WEATH OF PLENTE RI	the	<u>yover</u> Meu
A Gustio Gos	201412	Year 1	A Mark Control
Retired			
Title (if Participant is	not an individual)		
27 Agosto Date	2021		

Defined P.R. 00957

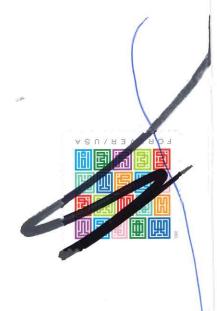
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Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc SRF 55923 Pro se Notices of Participation Page 101 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	3 - 6
Participant's Name:	Aurea H. Rodriquez Cordeo
Participant's Address:	115 Camino de los Flamboyanes Urb. Veredas Gurabo, P.R.00778
Participant's Email Address:	Gurabo, P.R.00778
Name of Counsel:	5 5
Address of Counsel:	The state of the s
Email Address of Counsel:	signified?
Claim Number:	Plaim number and the nature of Participant's Claim:  17Bk3283 - LTS  Employees Retirement System of P.R.  Rugues Corders  rigues Corders
Title (if Participant is $9/5/21$ Date	not an individual)

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United States District Court Jerk's Office 150 Ane. Carlos Chardon Ste. 150 San Juan PD 00918-1767



# Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc: Pro se Notices of Participation Page 103 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Marlyn Rod-igner Award
Participant's Address: RD. Box 57en74 Guagailla & Kouks
Participant's Email Address: harly 2 1010 2008@ hotyail com
Name of Counsel: 61 Nusl 8 Bonges UC
Address of Counsel: 25 Mun Rouse Ave- Sute 800 So Lu
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 153162 17 BK 3283 - LTS)
Nature of Claim: PRO Mcsa Title 11)
By: Malyn loders Ost
Harlyn Redrigner Print Name
Title (if Participant is not an individual)
8/19/WY Date

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# Case:17-03283-LTS Doc#:18129-1 Filed:09/16/21 Entered:09/16/21 11:14:57 Desc: Pro se Notices of Participation Page 105 of 106

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Mana E. Aponte Rivera
Participant's Name: Marsiner de la Avte au Calle Benkil 17 fas Redney
Participant's Address:
Participant's Email Address: Maria : aporte & forelist. Pr. 900
Name of Counsel: LCDO. VICTOR M Bernadez Perez
Address of Counsel: <u>Urb. Villa Andulucía A-22 Calle Ronda Sem Ivan PR</u> Les de la Congresa del Congresa de la Congresa del Congresa de la Co
Email Address of Counsel: bernedez perez - law @ yahoo com
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim: Public employee claims 5
By:x Mac ywa lost of
Signature
Mana E. Donte River
Print Name
Title (if Participant is not an individual)
30-8-2021
Date

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U.S. DISTRICT COURT
SAN JUAN PR

Las Piedras, P.R. 0077/

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CLERK'S OFFICE 150 Ave. Carlos Chadón Ste. 150 SAN Juan, P. R. 00918-1767

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